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**Baptist
Hospital**

BAPTIST HEALTH SOUTH FLORIDA

9/3/2024

Patient Name: Valiente, Heriberto
 Account Number: 17244869-1
 Due Date: Upon Receipt

REQUEST FOR PAYMENT

Account Summary

Date of Service:	7/20/2024
Description of Service:	Urgent Care Services
Place of Service:	Kendale Lakes Urgent Care
Total Charges	\$ 743.00
Insurance Payment / Adjustments	- \$ 297.20
Prior Patient Payments	\$ 0.00
AMOUNT YOU OWE	\$ 445.80

Pay online! It's fast, easy, and secure.
<https://billpay.baptisthealth.net>



Scan this code to pay with your smart phone.



Our automated system provides up-to-date information about your account 24/7 at 786-596-6507 or toll free at 1-800-235-0065.



See reverse side of this statement for frequently asked questions.

IMPORTANT MESSAGE

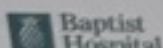
We have previously informed you of your account balance and requested that you remit full payment upon receipt of this letter. Your account is now PAST DUE. Please pay online securely at: <https://billpay.baptisthealth.net>.

If you have merely overlooked making payment, we understand that errors do occur. We urge you to make payment upon receipt of this statement to avoid any further collection action. If you have already made payment, please disregard this notice.

If you have any questions about your out-of-pocket expense, please contact your insurance provider so that they can explain how your claim was processed. Your insurance provider determines benefit coverage and any patient financial responsibility. Our Baptist Health Customer Service Representatives do not have access to the terms of your insurance policy.

996887856

Statement#5



**Baptist
Hospital**

BAPTIST HEALTH SOUTH FLORIDA
 PO Box 100480
 Miami, FL 33183

Pay By Mail for Account Number: 17244869-1

Amount Due	Due Date	Amount Enclosed
\$ 445.80	Upon Receipt	\$ _____

Mail Payment Here

BAF48C 4801484-606621562
 Valiente, Heriberto
 4214 SW 164TH PATH
 MIAMI, FL 33185-5290

Baptist Hospital
 PO Box 198116
 Atlanta, GA 30384-8116

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